

Harrisburg Human Relations Commission
Use only

Docket No. _____
EEOC No. _____
Social Security No. _____

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

IN-6 FORM

FAILURE TO HIRE QUESTIONNAIRE
Questionnaire on the incident you are complaining about.

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Telephone No. H () _____ W () _____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

County _____ Telephone No. _____

Number of employees who work at the organization named above. Please check one.

Less than 4 _____ 15 to 100 _____ 201 to 500 _____ Unknown _____

4 to 14 _____ 101 to 200 _____ 501 plus _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. H () _____ W () _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you.

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age (40-70)	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Use of guide dog or support animal	
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Sexual preference/Orientation	
<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Non-job related handicap/disability	
<input type="checkbox"/> Familial Status		identify your disability _____	

3. How and on what date did you find out about the position in question?

- 3a. How did you apply? By Mail ☐ By Telephone ☐ In Person ☐

Did you fill out an application? Yes ☐ No ☐

Did you send a resume? Yes ___ No ___

Did you ask to be considered for the job, but did not submit anything in writing?

Yes ___ No ___

If you submitted nothing in writing, to whom did you speak, give the appropriate date and describe the circumstances.

4. What is the position in question? _____

4a. If there is more than one position that; you applied for, state the name of each position, and answer the remaining questions for each position, attaching separate sheets of paper for each position for which you applied.

5. What was your understanding of the requirements for each job you sought? _____

5a. What was your understanding of the duties of the job? _____

5b. Attach copies of any classified advertisements, job descriptions, postings or notices describing the job(s) at issue.

6. What were your qualifications for the job(s) you sought? Please submit a copy of any resume or other description of your skills and experience that you may have

7. Who interviewed you for hire? List the name or description and CLASS of each person who interviewed you. Also, list each interviewer's job title.

8. Were you told why you didn't get the job? Yes ____ No ____

- 8a. What were you told _____

- 8b. Who told you this? (Name, Job Title and CLASS) _____

- 8c. Do you have a document that would refute the reasons for your rejection? Yes ____ No ____

Please list the name of this document. _____

What does this document reveal? _____

Please attach copies of any letters of rejection.

9. Do you have a witness(es) that would refute the reasons for your rejection or who could show that the reasons given were not the true reasons? Yes ____ No ____

If so, please list below.

Name(s) _____

Address(es) _____

Work Title/Department _____

10. Were you given any written tests when you applied for, or bid, for this job(s)?

Yes _____ No _____

10a. If yes, did you pass the test?

Yes _____ No _____

11. Were you given any oral tests when you applied for, or bid, for this job(s)?

Yes _____ No _____

Please list below the names and CLASS of any other applicants, or bidders, known to you.

12. Were the other applicants, or bidders, tested?

Yes _____ No _____

13. To the best of your knowledge, what were the qualifications of the person(s) who received the job(s) you sought?

Name(s) _____

CLASS _____

Qualifications _____

14. Do you know if the employer is still seeking applicants?

Yes _____ No _____

If yes, how do you know this? _____

14a. What will your witness(es) say he/she directly observed?

If there are any additional witnesses, please list them in the same manner on the Continuation Page.

15. Answer this question only if these were a requirement for employment.

U.S. Military Service Yes _____ No _____

Honorable discharge Yes _____ No _____

U.S. Citizenship Yes _____ No _____

Highest Educational Level Attained _____

Major _____ Degree _____

Additional Training or Education _____

EMPLOYMENT EXPERIENCE
(Begin With Present Employment)

Employer _____

Address _____

From _____ To _____

Starting Salary _____ Ending Salary _____

Position _____ Supervisor _____

Duties _____

Reason for leaving? _____

Employer _____

Address _____

From _____ To _____

Starting Salary _____ Ending Salary _____

Position _____ Supervisor _____

Duties _____

Reason for leaving? _____

Employer _____

Address _____

From _____ To _____

Starting Salary _____ Ending Salary _____

Position _____ Supervisor _____

Duties _____

Reason for leaving? _____

16. Are you a civil service employee?

Yes _____ No _____

16a. Did you file a civil service complaint regarding the above problem?

Yes _____ No _____

16b. What is/was the status of your civil service complaint, if applicable?

17. Have you filed a complaint about this matter with any other commission or agency?

Yes _____ No _____

If so, please specify the Commission or Agency and the date you filed, to the best of your recollection.

Name of Agency or Commission _____

Date Complaint Filed _____

Docket Number, if known _____

18. Have you taken any court action regarding this matter?

Yes _____ No _____

If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court _____

Date Action Filed _____

City _____ County _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire (Continuation Page).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature_____
Date_____
Address_____
City, State and Zip Code()

Telephone Number

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

[illegible]

